

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name PMC REGIONAL HOSPITAL	Telephone Number Est 812-206-7660 Own (812) 206-7624	Date of Inspection 07/22/2021	ID#
Address 4023 REAS LN, NEW ALBANY IN 47150	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 08/01/2021
Owner DENNIS MEDLEY (CEO)		Menu Type 1 _ 2 _ 3 _ 4 <u>X</u> 5 _	
Owner's Address 3626 GRANTLINE RD STE 205 NEW ALBANY, IN 47150-			
Person in Charge JULIE SCHNELL			
Responsible Person's Email RJONES@PMCINDIANA.COM			
Certified Food Handler EMMA SIMPSON			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected

Summary of Violations C NC R

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider CFS

Received by (signature):

Inspected by (signature):

Thomas Snider

cc:

cc:

cc: